

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **46893**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3069**

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORMANDY				c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 7 YRS				e. STREET ADDRESS (If rural, give location) 6825 Natural Bridge			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mother of Good Counsel							
3. NAME OF DECEASED (Type or Print) a. (First) PAULINE b. (Middle) ANTOINETTE c. (Last) VERSEN				4. DATE OF DEATH (Month) (Day) (Year) Dec. 4 '57			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH Sept 3 - 1859	
9. AGE (In years last birthday) 98		10. MONTHS 3		11. DAYS 1		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress				10b. KIND OF BUSINESS OR INDUSTRY Retired			
11. BIRTHPLACE (City and State or Foreign Country) MARIAGE ILL.				12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Charles W. A. Versen				13b. MOTHER'S MAIDEN NAME Josephine Hartman			
14. NAME OF HUSBAND OR WIFE None							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) NO				16. SOCIAL SECURITY NO. NONE			
17. INFORMANT'S SIGNATURE OR NAME Albert E. Versen				ADDRESS 204 Park Rd			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gangrene R. Arm DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4501			
19a. DATE OF OPERATION None				19b. MAJOR FINDINGS OF OPERATION None			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? None							
22. I hereby certify that I attended the deceased from Mon 1, 1957 , to 12: 4 , 19 57 , that I last saw the deceased alive on 12: 3 , 19 57 , and that death occurred at 10: 9 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) ME Stachle				23b. ADDRESS 7124 Natural Bridge			
23c. DATE SIGNED 12-5-57							
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried				24b. DATE 12/6/57			
24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul				24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL REG. 12-5-57				REGISTRAR'S SIGNATURE Herbert R. Domsle			
FUNERAL DIRECTOR'S SIGNATURE John H. Gebken-Sons				ADDRESS 2630 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by; Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 409

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.